City of Westminster Office of Housing

56 West Main St., Westminster, MD 21157 410 848-2261, Fax 410 876-0865



PRE-APPLICATION FO	PR SECTION 8 RENTAL ASSISTANCE			Office Use Only Time Received: Date Received:	
	HEAD OF HOUSEHOLD INFORMATION				
Social Security Number	Name////////////////////////////////////	·/////////////////////////////////////	Sex	Date of Birth	Age
/ /	First: M.I.: Last:		□ M □ F		
Race: White Black	☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/other F	acific Islander Ethnicity	v: Hispa	anic	
WHAT IS YOUR PRESENT A	ADDRESS? ///////////////////////////////////	<u>'////////////////////////////////////</u>	///////////////////////////////////////	//////////////////////////////////////	///////////////////////////////////////
Street Address	Street			Chata	7:
Mailing Address		City		State	Zip
Home Telephone ()	Street Other Telephone: ()	Ci ty Work Other	(Specify)	State	Zip
E-Mail Address:					
Emergency Contact Person: Na	meAddress		Telej	phone	
WHAT IS YOUR MONTHL Monthly Income \$	Y INCOME AND SOURCE OF INCOME? Source(s): TCA SSI Social Security Em	ployed \square Other:			

NOTE: you are responsible to notify the housing authority (in writing) of any change of address. If we cannot contact you at the above address, your name may be removed from the waiting list and you will have to re-apply. If the "head of household" is unable to "prove" a preference(s) as indicated on the application at the time of selection from the waiting list, the application will be returned to the waiting list without the preference. If the preference or lack of preference was believe to be fraudulent the applicant will be denied and the application will not be returned to the waitlist. Any fraudulent, misleading, or incomplete information reported on this application will result in a denial of the participation of the Housing Choice Voucher program. **Applicants may only inquire as to their position on the list on the third Wednesday and Thursday of each month.**

(Complete the next page and sign the application)

NAME ALL PERSONS WHO WILL	BE LIVING IN YOUR HOU	SEHOLD, INC	CLUDING	YOURSELF:			1	
Last Name, First Name	Social Security Number	Date of Birth	Sex M/F	Disabled? Y/N	Relationship to Head of House	Monthly Income	Employer	Full Time Student?
					SELF			
HAVE YOU OR ANYONE IN YOU HAVE YOU OR ANYONE IN YOU ARE YOU OR ANYONE IN YOU CHECK THE BOX BELOW THE Working at least 20 hours per we income requirements per HUD docorporate limits. * Presently there are	OUR HOUSEHOLD EVER BE UR HOUSEHOLD LISTED ON IAT APPLIES TO THE <u>HEA</u> sek and receiving monetary con definition; or Persons who are c	EN CONVICTOR THE SEX OF AD OF HOUSE Inpensation with urrently enroll	TED OF C FFENDEI EHOLD (hin the Cir ed in appr	CRIMINAL ACR REGISTRY? (ONLY ONE ty of Westminstroved job training)	CTIVITY? \(\text{ Yes} \) \(\text{Yes} \) \(\text{No IF Yes} \) \(\text{PREFERENCE WILL Ster's Corporate bounds.}	□ No YES, WHO? ILL BE ALL indaries and is	OWED): verified and meet	
□ Living within the City of Westmin□ Persons who are elderly (age 62 or	•		-	•	efinition			
Persons who are living in a spons Services Programs of Carroll Cou	ored homeless shelter in the Ci	•	•		from the shelter prog	grams sponsor	red by Human	
☐ Is a victim of domestic violence: a member of his/her household. The within a six month period. Have wiolence documented as above. The a advance written approval.	he domestic violence should havacated a unit because of officia	ve occurred really (police or o	cently or l courts) do	be of a continu cumented dom	ing nature. The defir estic violence. Lives	nition of recer in a unit with	nt for this purpose would mean a person who engages in	
☐ None of the above								
All adults over 18 years of age must s	ign application.							
Signature							Date	